



ALTERNATIVE DELIVERY
CONTRACT MODIFICATION REQUEST FOR REVIEW

CMAR ☐
Design-Build ☐

Page ____ of ____

Contractor:	Project No.:	TRACS No.:	Date:
Project Manager:	Design Firm:	Initiator:	
Requested Change (What):			
Reason/Justification (Why):			
General Supplemental Agreement Types <i>If Other, please explain:</i>		List Technical Managers:	
ADOT Recommendation:			

Concept Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>ADOT Sr./Resident Engineer</i>	Date: ____/____/____
Concept Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>ADOT Asst. District Engineer/District Engineer</i>	Date: ____/____/____
Concept Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <i>Assistant State Engineer, Construction</i>	Date: ____/____/____

Concept Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Federal Reimbursement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____
_____ <i>FHWA</i>		

Any decision to approve the change to contract terms will be within the sole discretion of ADOT and is dependent on the documentation that is submitted and entered into the Supplemental Agreement Tracking System (SATS).